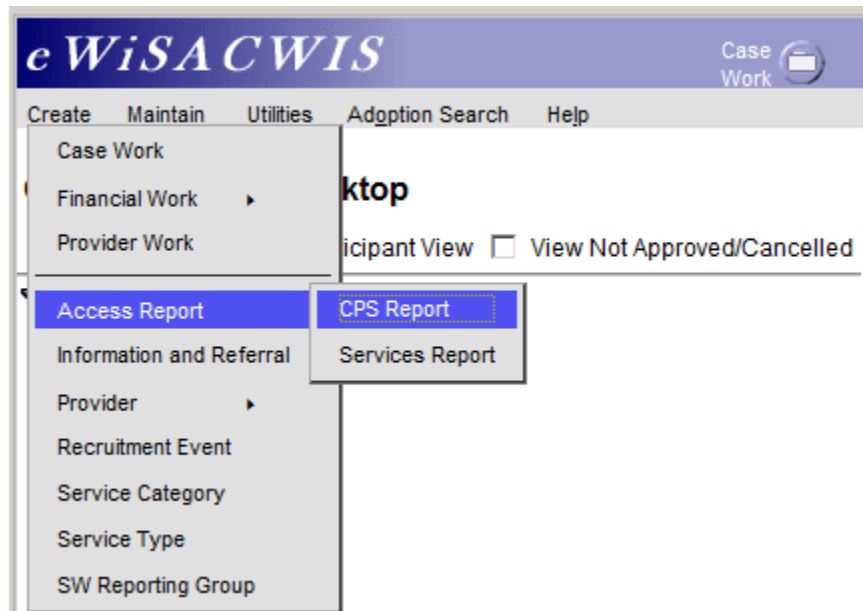


Access Report - CPS Report

1. Select Create > Access Report > CPS Report. This will open the Access Report page.



2. Enter the date and time the report was received in the Access Information group box at the top of the page.
3. On the Narrative tab, enter narrative text for each section. When you get to the “Are there any present danger threats?” question, you will need to select either the ‘Yes’ or ‘No’ radio button. If you select the ‘Yes’ radio button, the Present Danger Threats page will open, listing the present danger threats according to standards.

A screenshot of the 'Access Report - Windows Internet Explorer' page. The page title is 'eWiSACWIS'. The 'Access Information' section at the top shows 'Report Name:' followed by 'Worker: Daisy, Dan' and 'Access Report Type: CPS Report'. Below this, 'Date and Time Report was Received:' is set to '06/13/2013' at '09:00' AM, with 'R/T:' and 'ID: 9238776'. The 'Narrative' tab is selected, showing three text input areas: 'Describe alleged maltreatment: current and past; the surrounding circumstances; and the frequency; or intervention or services needed for the child.', 'Describe the child(ren)'s injury or conditions as a result of the alleged maltreatment or services needed.', and 'Describe the child(ren)'s current location, school / daycare including dismissal time, functioning, including special needs, if any, and highlighting current vulnerability.' Each text area has a 'More... Less... Default' link below it. At the bottom of the Narrative tab, there is a question 'Are there any present danger threats? (See Related Appendix)' with 'Yes' and 'No' radio buttons. Below this is a text area for 'Document relevant information from CPS history, CCAP and Sex Offender Registry-Reverse Address checks (if no relevant information found, ...)'. The 'Options:' dropdown is set to 'Go'. The 'Save' and 'Close' buttons are at the bottom right. The browser status bar at the bottom shows 'Trusted sites | Protected Mode: Off' and '100%' zoom.

On the Present Danger Threats page, check all that apply. If at any time you need a definition of the present danger threats, hover over the Details with your cursor and the definition will appear. When finished, click Continue to return to the Narrative tab of the Access Report page.

Note: Based on the fact that there are present danger threats, upon screening in the access report, the response time will automatically list as “Same Day.”

Present Danger Threats -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Present Danger Threats
Check All That Apply

Maltreatment

Select	Description
<input type="checkbox"/>	The child is being maltreated at the time of the report or at initial contact Details
<input type="checkbox"/>	Severe to extreme maltreatment of the child is suspected, observed, or confirmed Details
<input type="checkbox"/>	The child has multiple or different kinds of injuries Details
<input type="checkbox"/>	The child has injuries to the face or head Details
<input type="checkbox"/>	The maltreatment demonstrates bizarre cruelty Details
<input type="checkbox"/>	The maltreatment of several victims is suspected, observed, or confirmed Details
<input checked="" type="checkbox"/>	The maltreatment appears premeditated Details
<input type="checkbox"/>	Dangerous (life threatening) living arrangements Details
<input type="checkbox"/>	The current report represents a serious threat Details
<input type="checkbox"/>	The child is accessible to a maltreater Details

Child

Select	Description
<input type="checkbox"/>	Parent's viewpoint of child is bizarre Details
<input type="checkbox"/>	Child is unable to care for self and unsupervised or alone at the time of the report Details

The maltreatment appears premeditated:
The maltreatment appears to be the result of a deliberate, preconceived plan or intent.

Continue **Close**

4. Back on the Access Report page, you will see the present danger threats you selected on the Present Danger Threats page, along with a required narrative field. Fill out the narrative field to describe the present danger threats.

Access Report - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Access Information

Report Name: Worker: Daisy, Dan Access Report Type: CPS Report

Date and Time Report was Received: 06/13/2013 09:00 AM PM R/T: ID: 9238776

Narrative Participants Allegation Allegation Narr Prior Involvement Decision

Are there any present danger threats? ([See Related Appendix](#)) ☒ Yes ☐ No [Present Danger Threats](#)

[If yes, include a description of possible or likely emergency (exigent) circumstances.]

☒ The maltreatment appears premeditated [Details](#)

enter applicable info for the present danger threat...

[More...](#) [Less...](#) [Default](#)

Document relevant information from CPS history, CCAP and Sex Offender Registry-Reverse Address checks (if no relevant information found, document that checks were completed). [Consolidated Court Automation Programs \(CCAP\)](#)

document relevant info for checks...

[More...](#) [Less...](#) [Default](#)

Describe when the alleged maltreater will have access to the child.

describe when the AM will have access...

[More...](#) [Less...](#) [Default](#)

Describe any changes in circumstances that may make it difficult to fulfill CPS responsibilities.

Options: [Go](#) [Save](#) [Close](#)

Done Trusted sites | Protected Mode: Off 100%

Note: Some of the narrative descriptions contain a [See Related Appendix](#) hyperlink, which links to the associated appendix for either the CPS Access and Initial Assessment Standards or the Safety Intervention Standards.

5. The final required field on the Narrative tab asks if there is any information indicating that the child(ren) may have American Indian heritage. If you have already entered the participants and the child has either a race of American Indian/Alaska Native or an Ethnicity of Native American documented on Person Management, then the radio button will pre-fill to Yes. In all other situations, it will pre-fill to Unknown. There is also an [ICWA Contacts](#) hyperlink that will take you to a webpage with the known ICWA contacts for each Wisconsin tribe and the BIA.

Access Report - Windows Internet Explorer

eWiSACWIS TM Print Spell Check ABC Help ?

Access Information

Report Name: Jones, Sally Worker: Daisy, Dan Access Report Type: CPS Report

Date and Time Report was Received: 06/13/2013 09:00 AM PM R/T: ID: 9238776

Narrative Participants Allegation Allegation Narr Prior Involvement Decision

Describe presence or domestic violence ([See Related Appendix](#)), if applicable, including the demonstration of power and control and entrapment within the home environment.

presence of DV

[More...](#) [Less...](#) [Default](#)

Describe how the family may respond to intervention by the agency, including the parental protective capacities.

family's response...

[More...](#) [Less...](#) [Default](#)

Document the Reporter's motivation and source of information, if possible.

reporter's motivation

[More...](#) [Less...](#) [Default](#)

Document names and contact information of other people with information regarding the child or family.

names and contact info

[More...](#) [Less...](#) [Default](#)

Information that the child(ren) may have American Indian heritage, including names of tribe(s) if known. ☐ Yes ☐ No ☒ Unknown

Information that the child(ren) may have American Indian heritage...

[More...](#) [Less...](#) [Default](#)

[ICWA Contacts](#)

Directions to House.

[More...](#) [Less...](#) [Default](#)

Options: [Go](#) [Save](#) [Close](#)

Done Trusted sites | Protected Mode: Off 100%

6. The Participants tab is used to record all participants in the report. Click the Add/Edit button to search the participants in this CPS Report.

Access Report - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Access Information

Report Name: Worker: Daisy, Dan Access Report Type: CPS Report

Date and Time Report was Received: 06/13/2013 09:00 AM R/T: ID: 9238776

Narrative **Participants** Allegation Allegation Narr Prior Involvement Decision

Access Participants

Names	Gender	DOB	Age	Race	Relationship	Roles
-------	--------	-----	-----	------	--------------	-------

[Consolidated Court Automation Programs \(CCAP\)](#) **Add/Edit** **Address Copy**

Reporter

Name: Relation to Alleged Victim / Identified Child:

Home: Work: Affiliation: Report Method:

Address: ☐ Mandated Reporter ☐ Notice to Reporter Generated

Options: **Go** **Save** **Close**

Done Trusted sites | Protected Mode: Off 100%

7. Search the participants. The Last Name is required unless you enter a person ID or an address. Click the [Select](#) hyperlink for the participants you would like to add, or click Create if the person you are looking for is not found. Once all participants have been added, click Continue to return to the Access Report. For more information on how to search, please refer to the Search Quick Reference Guide.

Access Inquiry Search -- Webpage Dialog

eWiSACWIS

PrintSpell CheckABC✓Help?

Search Criteria

Last Name: JonesFirst Name: SallyPerson ID:

SSN: DOB: Gender:

Street: City: ZIP Code:

☒ Incl. AKA

Search Precision:


LowMedHigh

Sort By: Alpha

SearchClear Fields

Record 1 to 1 of 1

Persons Returned

[Select](#)  Jones, Sally (9226086) 123 Main Street, Waldo Female 04/11/1979 Other

Add Participant(s)Create

Participants

Access Participant Name	Status	
Jones, Mary	Search Found	Delete
Reporter, Bob	Search Found	Delete
Jones, Sally	Searched Not Found	Edit Delete

ContinueClose

8. Identify the relationship of each access participant. The identification of a Reference Person is required (usually the female head-of-household), and the other relationships are in regards to the reference person.

Access Report - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Access Information

Report Name: Worker: Daisy, Dan Access Report Type: CPS Report

Date and Time Report was Received: 06/13/2013 09:00 AM R/T: ID: 9238776

Participants

Access Participants

Names	Gender	DOB	Age	Race	Relationship	Roles
Jones, Mary	Female	02/25/2002	11	White	Biological Child	Roles
Reporter, Bob	Male	00/00/0000		White	Mandated Reporter	Roles
Jones, Sally	Female	04/11/1979	34	White	Reference Person	Roles

[Consolidated Court Automation Programs \(CCAP\)](#) [Add/Edit](#) [Address Copy](#)

Reporter

Name: Relation to Alleged Victim / Identified Child:

Home: Work: Affiliation: Report Method:

Address: ☐ Mandated Reporter ☐ Notice to Reporter Generated

Options: [Go](#) [Save](#) [Close](#)

Done Trusted sites Protected Mode: Off 100%

9. Click the [Roles](#) hyperlink to open the Roles page.
- For CPS Reports, you must identify an Alleged Victim, Report Name, and Reporter.
 - You cannot select more than 5 roles for one participant.
 - For the person making the report, do not select additional roles beyond 'Reporter' unless that individual is intended to be part of the case. In almost all instances, mandated reporters should never have a role other than just 'Reporter.'
 - The Report Name is usually the Reference Person.
 - If the reporter is also identified as a worker in eWiSACWIS, then you cannot select non-household member as a role description. This is to limit the unnecessary restriction of cases.

Roles -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Participant

Name: Jones, Dirk

Roles

Select	Roles Description	Code
<input checked="" type="checkbox"/>	Alleged Victim	AV (CPS Report ONLY)
<input checked="" type="checkbox"/>	Household Member	HM
<input type="checkbox"/>	Non-Household Member	NM
<input type="checkbox"/>	Parent/Parental Role	PR
<input type="checkbox"/>	Report Name	RN
<input type="checkbox"/>	Reporter	RP

[Continue](#) [Close](#)

Click Continue to return to the Access Report page.

10. The Address Copy button allows the address from one participant to be copied over to other participants. Select the person's address you want to copy in the top group box labeled Available Addresses to Copy. For all participants that should have the same address as the person identified above, check the box next to the participant in the Update Primary Address Selection group box. Click Save to apply the change(s) in address. Then click Close to return to the Access Report page.

Address Copy -- Webpage Dialog

eWiSACWIS

Print Spell Check ABC Help

Available Addresses to Copy

Names	DOB	Phone	Address	Address Type
<input type="radio"/> Jones, Mary (9226085)	02/25/2002	(608)555-1212	123 Main Street Waldo, WI 53093	Primary Residence
<input type="radio"/> Reporter, Bob (9226214)	00/00/0000		321 State Street Madison, WI 537032020	Work
<input type="radio"/> Jones, Sally (9226086)	04/11/1979		123 Main Street Waldo, WI 53093	Primary Residence

Update Primary Address Selection

Names	DOB	Phone	Current Primary Address
<input type="checkbox"/> Jones, Mary (9226085)	02/25/2002	(608)555-1212	123 Main Street Waldo, WI 53093
<input type="checkbox"/> Reporter, Bob (9226214)	00/00/0000		
<input type="checkbox"/> Jones, Sally (9226086)	04/11/1979		123 Main Street Waldo, WI 53093

Save

Close

11. After completing the relationships and roles for all access participants and updating addresses as needed, complete the Reporter group box. The Reporter's Name, phone number and address will pre-fill from reporter's Person Management page. This information will pre-fill based upon the participant identified with the Role of Reporter (RP). The value selected in the 'Relation to Alleged Victim / Identified Child' drop-down will either check or uncheck the Mandated Reporter checkbox.

Access Report - Windows Internet Explorer

eWiSACWIS TM Print Spell Check REC Help ?

Access Information

Report Name: Jones, Sally Worker: Daisy, Dan Access Report Type: CPS Report

Date and Time Report was Received: 06/13/2013 09:00 AM PM R/T: ID: 9238776

[Narrative](#) [Participants](#) [Allegation](#) [Allegation Narr](#) [Prior Involvement](#) [Decision](#)

Access Participants

Names	Gender	DOB	Age	Race	Relationship	Roles
Jones, Mary	Female	02/25/2002	11	White	Biological Child	AV-HM Roles
Reporter, Bob	Male	00/00/0000		White	Mandated Reporter	RP Roles
Jones, Sally	Female	04/11/1979	34	White	Reference Person	HM-PR-RN Roles

[Consolidated Court Automation Programs \(CCAP\)](#) [Add/Edit](#) [Address Copy](#)

Reporter

Name: Reporter, Bob Relation to Alleged Victim / Identified Child: Teacher

Home: (608)123-1234 Work: Affiliation: Report Method: Phone

Address: 321 State Street Madison, WI 537032020 ☒ Mandated Reporter ☐ Notice to Reporter Generated

Options: [Go](#) [Save](#) [Close](#)

Done Trusted sites | Protected Mode: Off 100%

12. On the Allegation tab, click Insert to insert a new allegation. This will open the Allegation (Access Report) page.

Access Report - Windows Internet Explorer

eWiSACWIS

Access Information

Report Name: Jones, Sally Worker: Daisy, Dan Access Report Type: CPS Report

Date and Time Report was Received: 06/13/2013 09:00 AM R/T: ID: 9238776

Narrative Participants **Allegation** Allegation Narr Prior Involvement Decision

Allegations

Alleged Victim	AM Relationship to Victim	A/N Code	Dt or Approx Dt of Alleged Mal	Resided in OHC	Fatality
----------------	---------------------------	----------	--------------------------------	----------------	----------

Insert

Allegation Details

CPS Report Type:

☐ Incident Location Same as Report Name C/O:

Number: Address: Apt: WI City:

City: State: WI Zip: Country:

Phone: Ext: Work Phone: Ext: Cell Phone:

Options: Go Save Close

13. On the Allegation (Access Report) page, select an Alleged Victim from the drop-down. Select the [AM Relationship to Victim](#) hyperlink to identify the alleged maltreater(s) relationship to the alleged victim. This will open the Relationship page.

Allegation (Access Report) -- Webpage Dialog

eWiSACWIS

Print Spell Check Help

Allegation

Alleged Victim: Jones, Mary

[AM Relationship to Victim](#)

Abuse/Neglect Code: 00/00/0000

[Description](#)

Date or Approximate Date of Alleged Maltreatment: 00/00/0000

Alleged Maltreatment occurred while the child's residence was an OHC placement: ☐ Yes ☐ No ☐ Unknown

Serious Incident: [Details](#) ☐ Yes ☐ No

☐ Death / Alleged maltreatment [Details](#)

☐ Death / Alleged suicide OHC

☐ Serious injury [Details](#)

☐ Egregious incident [Details](#)

[DCF memo 2010-01](#) [Act 78](#)

Continue Close

14. Select the appropriate relationship(s) of all alleged maltreaters. If several people are alleged to have maltreated the child in this allegation, identify the multiple relationships.

- For example, if a child was physically abused and the allegations are that it could be the biological parents or a licensed day care center employee, you would select the two relationships indicated in the screen shot below. If it was one or both biological parents alleged to have maltreated the child, you would only select 'Biological Parent(s)' and nothing else.

Click Continue to return to the Allegation (Access Report) page.

Relationship -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Alleged Maltreater(s) Relation to Victim

Policy: Please select the appropriate relationship(s) of all alleged maltreaters for this allegation of abuse or neglect. [Example](#)

Primary	Secondary	Non-Caregiver
<input type="checkbox"/> Adoptive Parent(s)	<input type="checkbox"/> Alleged maltreater(s)-not verified	<input type="checkbox"/> Family friend(s)
<input checked="" type="checkbox"/> Biological Parent(s)	<input type="checkbox"/> Certified family home provider(s)	<input type="checkbox"/> Minor(s) Not Named - Non-Caregiver
<input type="checkbox"/> Child(ren) in foster home	<input type="checkbox"/> Child care prvdtr(s)-in home of child	<input type="checkbox"/> Neighbor(s)
<input type="checkbox"/> Child(ren) in household	<input type="checkbox"/> Child(ren) in lic care (not fstr care)	<input type="checkbox"/> Other child(ren)
<input type="checkbox"/> Indian Custodian(s)	<input type="checkbox"/> Licensed day care center employee(s)	<input type="checkbox"/> Other non-caregiver(s)
<input type="checkbox"/> Individual(s) who share a foster home	<input type="checkbox"/> Minor(s) Not Named - Secondary	<input type="checkbox"/> Peer maltreater(s)
<input type="checkbox"/> Minor(s) Not Named - Primary	<input type="checkbox"/> Non-certified family home provider(s)	<input type="checkbox"/> Stranger(s)
<input type="checkbox"/> Non-Relative Foster Parent(s)	<input type="checkbox"/> Other temporary caregiver(s)	
<input type="checkbox"/> Non-Relative Guardian(s)	<input type="checkbox"/> Relative Non-Care Provider(s)	
<input type="checkbox"/> Non-Relative(s) - informal agreement	<input type="checkbox"/> Staff - juvenile correction facility	
<input type="checkbox"/> Non-Relative(s) - Power of Attorney	<input type="checkbox"/> Staff - RCC/other facility	
<input type="checkbox"/> Partner(s)/Friend(s) sharing dwelling	<input type="checkbox"/> Teacher(s)/other school employee(s)	
<input type="checkbox"/> Relative Court-Ordered Care Provider(s)	<input type="checkbox"/> Youth org staff or volunteer leader(s)	
<input type="checkbox"/> Relative Foster Parent(s)		
<input type="checkbox"/> Relative Primary Care Provider(s)		
<input type="checkbox"/> Relative(s) - Power of Attorney		
<input type="checkbox"/> Sibling(s), Step Sibling(s)		
<input type="checkbox"/> Step Parent(s)		
<input type="checkbox"/> Unknown		

Continue Close

15. Select the type of abuse or neglect from the Abuse/Neglect Code drop-down.

Allegation (Access Report) -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Allegation

Alleged Victim: Jones, Mary

[AM Relationship to Victim](#)

Abuse/Neglect Code: [Dropdown Menu]

[Description](#)

Date or Approximate Date of Alleged Maltreatment:

Alleged Maltreatment occurred while the child's residence was an OHC placement:

Serious Incident: [Details](#)

☐ Death / Alleged maltreatment [Details](#)

☐ Death / Alleged suicide OHC

☐ Serious injury [Details](#)

☐ Egregious incident [Details](#)

[DCF memo 2010-01](#) [Act 78](#)

☐ Yes ☐ No

Continue Close

16. Select the [Description](#) hyperlink. This will open the Description page. Select up to three values that apply and click Continue.

Description -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Descriptions

Select	Description	Select	Description	Select	Description
<input type="checkbox"/>	Abandonment	<input type="checkbox"/>	Lack of Supervision	<input type="checkbox"/>	Sexually Transmitted Disease
<input type="checkbox"/>	Abusive Head Trauma	<input type="checkbox"/>	Malnutrition	<input type="checkbox"/>	Shaken Baby/Shaken Impact
<input type="checkbox"/>	Blunt Force Trauma	<input type="checkbox"/>	Manufacturing Meth	<input type="checkbox"/>	Subdural Hemorrhage/ Hematoma
<input checked="" type="checkbox"/>	Bruising	<input type="checkbox"/>	Medical Crisis-No Care b/c of Religion	<input type="checkbox"/>	Threatened Abuse/Neglect
<input type="checkbox"/>	Burn/Scald	<input type="checkbox"/>	Medical Neglect of a Disabled Infant	<input checked="" type="checkbox"/>	Traumatic Brain Injury
<input type="checkbox"/>	Cut/Laceration/Bite	<input type="checkbox"/>	Mutual Sexual Activity	<input type="checkbox"/>	Unable to Locate Children
<input type="checkbox"/>	Dislocation/Sprain/ Bone Fracture	<input type="checkbox"/>	No Indicators/Injuries Observed	<input type="checkbox"/>	Unborn Child Abuse
<input type="checkbox"/>	Drug Affected Infant	<input type="checkbox"/>	Other Indicator/Injury	<input type="checkbox"/>	Untreated Injury/Lack of Medical Care
<input type="checkbox"/>	Exposure to Elements or Environmental Hazards	<input type="checkbox"/>	Other Medical Neglect		
<input type="checkbox"/>	Exposure to genitals/pubic areas	<input type="checkbox"/>	Permanent Impairment		
<input type="checkbox"/>	Failure to Thrive	<input type="checkbox"/>	Pregnancy		
<input type="checkbox"/>	Forced Viewing of Sexual Activity	<input type="checkbox"/>	Prostitution		
<input type="checkbox"/>	Genital Area Bruising, Red/Swollen, Fissures/Tears	<input type="checkbox"/>	Retinal Hemorrhage		
<input checked="" type="checkbox"/>	Internal Injury	<input type="checkbox"/>	Serious Lack of Hygiene		
<input type="checkbox"/>	Lack of Care Due to Poverty	<input type="checkbox"/>	Severe Emotional/Behavioral Problems		
<input type="checkbox"/>	Lack of Necessary Care	<input type="checkbox"/>	Sexual Contact/Intercourse		
		<input type="checkbox"/>	Sexual Exploitation		

Continue Close

17. Enter the Date or Approximate Date of Alleged Maltreatment. Answer the question if the alleged maltreatment occurred while the child's residence was an out of home care placement. Select whether the alleged maltreatment was a Serious Incident. If yes, select the appropriate checkboxes related to the Serious Incident. You can click on the [DCF memo 2010-01](#) hyperlink to access the memo regarding Child Welfare Public Disclosure 2009 Wisconsin Act 78. To access the 2009 Wisconsin Act 78, select the [Act 78](#) hyperlink. Click Continue to return to the Access Report page.

Allegation (Access Report) -- Webpage Dialog

eWiSACWIS Print Spell Check Help

Allegation

Alleged Victim: Jones, Mary

AM Relationship to Victim: Biological Parent(s)

Abuse/Neglect Code: Physical Abuse

Description: Bruising-Internal Injury-Traumatic Brain Injury

Date or Approximate Date of Alleged Maltreatment: 00/00/0000

Alleged Maltreatment occurred while the child's residence was an OHC placement: ☐ Yes ☒ No ☐ Unknown

Serious Incident: ☒ Yes ☐ No

Death Date: 00/00/0000

☒ Death / Alleged maltreatment Details

☐ Death / Alleged suicide OHC

☐ Serious injury Details

☐ Egregious incident Details

[DCF memo 2010-01](#) [Act 78](#)

Continue Close

Note: If a death is indicated on the page then the Death Date field will appear. The death date is not required and will automatically update the death date field on person management when the Access Report is linked or a new case is created.

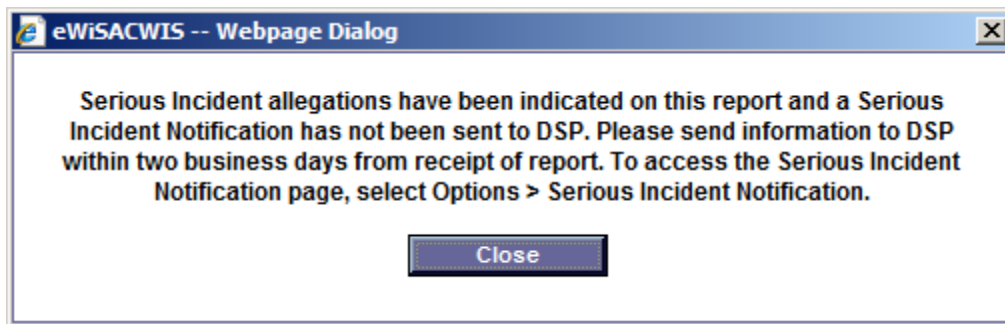
If 'Yes' is selected for the Serious Incident question, a message will appear:

eWiSACWIS -- Webpage Dialog

Please complete the Serious Incident Report under the Options dropdown.

Close

Note: Upon saving the Access Report page at the Screening Decision, you will be directed to complete the Serious Incident Report under the Options drop-down.



18. You will be brought back to the Allegation tab of the Access Report page. If you need to make any changes, select the [Edit](#) or [Delete](#) hyperlink. The descriptors can be viewed by hovering over the word [Describe](#).
19. Repeat the steps above as appropriate to document all allegations of abuse and neglect for each alleged victim.
20. Complete the Allegation Details group box. If the incident occurred at the same address as the report name's address, check the Incident Location Same as Reporter Name check box and it will pre-fill the address information. If the incident did not occur at the same address as the report name's address, enter the address where the alleged maltreatment occurred (if known).

Access Report - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Access Information

Report Name: Jones, Sally Worker: Daisy, Dan Access Report Type: CPS Report

Date and Time Report was Received: 06/13/2013 09:00 AM R/T: ID: 9238776

Allegations

Alleged Victim	AM Relationship to Victim	A/N Code	Dt or Approx Dt of Alleged Mal	Resided in OHC	Fatality		
Jones, Mary	Biological Parent(s)	Physical Abuse Describe	06/03/2013	N	Y	Edit	Delete
Jones, Mary	Biological Parent(s)	Neglect Describe	06/03/2013	N	N	Edit	Delete

Insert

Allegation Details

CPS Report Type: Primary

☒ Incident Location Same as Report Name C/O:

Number: 123 Address: Main Street Apt: WI City:

City: Waldo State: WI Zip: 53093 Country: United States

Phone: Ext: Work Phone: Ext: Cell Phone:

Options: **Go** **Save** **Close**

Done Trusted sites Protected Mode: Off 100%

21. If allegations rise to the level of a serious Incident, Wisconsin Act 78 requires county agencies and the Bureau of Milwaukee Child Welfare (BMCW) to report these incidents to the Division of Safety & Permanence (DSP) within 2 working days of the agency learning about the incident. To notify the DSP of a serious incident allegation, select Serious Incident Notification from the Options drop-down and complete the Serious Incident Notification page.

The Serious Incident Notification page is a combination of user-entered and pre-filled information. The Name – County or State Agency pre-fills with the county of the worker, but can be edited. Enter the Name – Agency Contact Person, Title, and Phone for the agency contact. The Case Name will pre-fill with the name of the reference person, but can be edited. If applicable, enter the Case ID.

The Date of Incident, Number of Children Involved in This Incident, Check all that apply, and Child Information will pre-fill from the Allegation (Access Report) page on the Allegation tab of the Access Report page.

Note: If the Serious Injury checkbox is selected, answer the ‘For “Serious Injury,” did a physician confirm the child’s condition as serious or critical?’ question.

Select the appropriate checkbox in the ‘Check one to describe current case status at the time of the incident’ group box.

Serious Incident Notification -- Webpage Dialog

eWiSACWIS Print Spell Check ABC Help ?

☐ Send Serious Incident Notification to DCF Date Sent: Sent By:

Information

Name - County or State Agency: Milwaukee

Name - Agency Contact Person: Sarah Smith

Title: Case Worker Phone: (555)555-5555 Ext:

Case Name (Last, First, MI): Jones, Sally Case ID:

Date of Incident: 10/10/2013 Number of Children Involved in This Incident: 1

Check all that apply: ☒ Death / Alleged Maltreatment ☐ Death / Alleged Suicide ☐ Serious Injury ☐ Egregious Incident

For "Serious Injury," did a physician confirm the child's condition as serious or critical? ☐ Yes ☐ No

Child Information

Name	Gender	DOB	Age	Race	Death Date
Jones, Mary	Female	02/25/2002	11	White	10/10/2013

Check one to describe current case status at the time of the incident

☐ Open CPS case - child in OHC placement Type of out-of-home-care placement:

☐ Open CPS case - receiving in-home services

Save Close

In the Narrative group box, the 'Description of incident...' will pre-fill from the Access Report page, however you can update the description. Update the other required questions in the Narrative group box. Choose the 'Yes' or 'No' radio button to the statement, 'Child, family, or alleged maltreater is known to child welfare.'

Serious Incident Notification -- Webpage Dialog

eWiSACWIS Print Spell Check Help

☐ Send Serious Incident Notification to DCF Date Sent: Sent By:

Description of incident including suspected cause of child's death, serious injury, or egregious incident.

Describe the alleged maltreatment...

[More...](#) [Less...](#) [Default](#)

Summarize actions taken by agency in response to this incident.

Enter required text here...

[More...](#) [Less...](#) [Default](#)

Referrals made by the county agency (list all agencies receiving referral).

Enter required text here...

[More...](#) [Less...](#) [Default](#)

Additional information (Optional).

Enter optional text here...

[More...](#) [Less...](#) [Default](#)

Child Welfare System History

Child, family, or alleged maltreater is known to child welfare. ☐ Yes ☒ No

Serious Incident Verification

Save **Close**

Once all fields have been completed, select the 'Send Serious Incident Notification to DCF' checkbox at the top and click 'Save' to automatically send the Serious Incident Notification to DSP. DSP will receive an email for the serious incident.

Serious Incident Notification -- Webpage Dialog

eWiSACWIS Print Spell Check Help

☒ Send Serious Incident Notification to DCF Date Sent: Sent By:

Information

The Serious Incident Verification expando may be expanded at any time. The fields under this expando become enabled only after the ‘Send Serious Incident Notification to DCF’ checkbox has been checked. DSP will review the Serious Incident Notification and will document their findings in this area. Click Close to return to the Access Report page.

Note: See the section at the end of this guide on completing the 90-day summary report.

Serious Incident Notification -- Webpage Dialog

eWiSACWIS Print Spell Check Help

☒ Send Serious Incident Notification to DCF Date Sent: 06/13/2013 Sent By: Daisy, Dan

[More...](#) [Less...](#) [Default](#)

Additional information (Optional).

Enter optional text here...

[More...](#) [Less...](#) [Default](#)

Child Welfare System History

Child, family, or alleged maltreater is known to child welfare. ☒ Yes ☐ No

Serious Incident Verification

Tracking Number: 4 Verified By: Cake, Caitlin M. Verified Date: 06/13/2013

The DSP has reviewed this incident notification and finds that it does qualify as an incident of child death, serious injury, egregious incident or suspected suicide of a child in OHC placement under s. 48.981(7)(cr), Child Welfare Public Disclosure Act 78. Yes

Options: Go Save Close

22. The next tab is the Allegation Narr tab. This tab will contain either Primary Allegation Narrative or Secondary or Non Caregiver Allegation Narrative, depending on the relationship(s) selected on the Allegation tab. Complete the required fields.

Access Report - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Access Information

Report Name: Jones, Sally Worker: Daisy, Dan Access Report Type: CPS Report

Date and Time Report was Received: 06/13/2013 09:00 AM PM R/T: ID: 9238776

Allegation Narr

Primary Allegation Narrative

Describe the parents or adults in the parent role: current location, functioning, and parenting practices and views of the child.

parents role..

[More...](#) [Less...](#) [Default](#)

Describe the family functioning, strengths, and current stresses.

family functioning...

[More...](#) [Less...](#) [Default](#)

Are there any possible or likely impending danger threats to child safety? ([See Related Appendix](#)) ☐ Yes ☐ No

Document the name of the alleged maltreater and relationship to child.

alleged maltreater

[More...](#) [Less...](#) [Default](#)

Options: Go Save Close

Done Trusted sites | Protected Mode: Off 100%

23. If the allegation involves a Primary Caregiver, then the narrative section will include the question “Are there any possible or likely impending danger threats to child safety?” If there are identified impending danger threats, select the ‘Yes’ radio button. If there are no impending danger threats, select ‘No.’ Upon selecting ‘Yes,’ the Impending Danger Threats page will open listing the impending danger threats according to standards.

24. On the Impending Danger Threats page, check all that apply. If at any time you need a definition of the impending danger threats, hover over the Details with your cursor and the definition will appear. When finished, click Continue to return to the Allegation Narr tab of the Access Report page.

Note: If there are no present danger threats but there are impending danger threats, upon screening in the access report, the response time will automatically list as “Within 24-48 hours.” If present danger threats have been identified, the response time will stay “Same Day.”

Select	Description
<input type="checkbox"/>	No adult in the home will perform parental duties and responsibilities. Details
<input checked="" type="checkbox"/>	One or both parents/caregivers are violent. Details
<input type="checkbox"/>	One or both parents'/caregivers' behavior is dangerously impulsive or they will not/cannot control their behavior. Details
<input type="checkbox"/>	One or both parents/caregivers have extremely negative perceptions of the child. Details
<input type="checkbox"/>	Family does not have or use resources necessary to assure the child's basic needs. Details
<input type="checkbox"/>	One or both parents/caregivers fear they will maltreat the child and/or request placement. Details
<input type="checkbox"/>	One or both parents/caregivers intend(ed) to seriously hurt the child. Details
<input type="checkbox"/>	One or both parents/caregivers lack parenting knowledge, skills, or motivation necessary to assure the child's basic needs are met. Details
<input type="checkbox"/>	The child has exceptional needs which the parents/caregivers cannot or will not meet. Details
<input type="checkbox"/>	Living arrangements seriously endanger the child's physical health. Details
<input type="checkbox"/>	The child is profoundly fearful of the home situation or people within the home. Details

25. On the Allegation Narr tab you will see the impending danger threats you selected on the Impending Danger Threats page, along with a required narrative field. Fill out the narrative field to describe the impending danger threats.

Access Report - Windows Internet Explorer

eWiSACWIS TM Print Spell Check Help

Access Information

Report Name: Jones, Sally Worker: Daisy, Dan Access Report Type: CPS Report

Date and Time Report was Received: 06/13/2013 09:00 AM R/T: ID: 9238776

Narrative Participants Allegation Allegation Narr Prior Involvement Decision

Primary Allegation Narrative

Describe the parents or adults in the parent role: current location, functioning, and parenting practices and views of the child.

parents role..

[More...](#) [Less...](#) [Default](#)

Describe the family functioning, strengths, and current stresses.

family functioning...

[More...](#) [Less...](#) [Default](#)

Are there any possible or likely impending danger threats to child safety? ([See Related Appendix](#)) ☒ Yes ☐ No [Impending Danger Threats](#)

☒ One or both parents/caregivers are violent. [Details](#)

dad is violent

[More...](#) [Less...](#) [Default](#)

Document the name of the alleged maltreater and relationship to child.

alleged maltreater

[More...](#) [Less...](#) [Default](#)

Options: Go Save Close

Done Trusted sites | Protected Mode: Off 100%

26. The Prior Involvement tab is a view only tab with columns that can be sorted and hyperlinks to the Access Report and Initial Assessment pages. The columns can be sorted by clicking on the blue title of the column. The tab can also display by participant by selecting a participant in the Access Report Participant drop-down. The system will automatically search all participants and return any Access Reports that they have been involved in. The prior involvement row includes the date of the CPS report, a hyperlink to the CPS report as well as the county in which the final screening decision was made, worker safety concerns, the screening decision, the case name, the assessment finding that is a hyperlink to the assessment, and the name(s) of the alleged maltreater(s).

Note: Any Prior Involvement records for participants with only the role of Reporter will not appear.

The screenshot shows the 'Access Report - Windows Internet Explorer' window with the 'eWiSACWIS' logo. The 'Access Information' section displays: Report Name: Jones, Sally; Worker: Daisy, Dan; Access Report Type: CPS Report; Date and Time Report was Received: 06/13/2013 09:00 AM; R/T: ID: 9238776. The 'Prior Involvement' tab is selected, showing a table of reports. The table has columns: Date, Report Type, Wrkr Safety Concerns, Screening Decision, Case Name, Assessment Finding, and Maltreater Name(s). Two rows are visible: one for 02/23/2011 (CPS Report - Milwaukee, Screen In, Substantiated) and one for 10/12/2010 (CPS Report - Milwaukee, Screen Out, N/A). The interface includes navigation tabs, a participant dropdown, and a status bar at the bottom.

Date	Report Type	Wrkr Safety Concerns	Screening Decision	Case Name	Assessment Finding	Maltreater Name(s)
02/23/2011	CPS Report - Milwaukee	N	Screen In	Sally Jones (9222753)	Substantiated	Jones, Sally
10/12/2010	CPS Report - Milwaukee	N	Screen Out	Sally Jones (9222753)	N/A	N/A

27. Open all applicable templates, including the Reporter Narrative, which contains user-entered information about the person reporting the allegations of child maltreatment.
28. On the Decision tab, complete the Status group box prior to making a screening recommendation or decision. The Status group box appears below the Supervisor Decision group box.
29. Once all applicable and pertinent information has been documented and all necessary templates have been opened, the last step is to make a screening recommendation or decision.

If you have worker screening security, complete the Worker Recommendation group box. If you have supervisor screening security, complete the Supervisor Decision group box. If the decision is to Screen In, the Response Time will be automated based on the presence or lack of present and/or impending danger threats. If you choose to screen in the access report and do not have present or impending danger threats identified, the screening time will automate to "Within 5 business days."

Note: The Supervisor will have the ability to override the Response Time. If the Response Time is different in the Supervisor Decision group box than it is in the Worker Recommendation group box, the Explain field will be required for the Supervisor.

Access Report - Windows Internet Explorer

eWiSACWIS

TM Print Spell Check Help

Access Information

Report Name: Jones, Sally Worker: Daisy, Dan Access Report Type: CPS Report

Date and Time Report was Received: 06/13/2013 09:00 AM PM R/T: Same Day ID: 9238776

Decision

Worker Recommendation

Name: Daisy, Dan ☐ Screen In ☐ Screen Out ☒ Pending Date/Time Decision Made:

Response Time: Reason: Explain:

Supervisor Decision

Name: Daisy, Dan ☒ Screen In ☐ Screen Out ☐ Pending Date/Time Decision Made: 06/13/2013 11:01 AM PM

Response Time: Same Day Reason: Screen In - CA/N Primary [Create/Link Case](#)

Explain:

[More...](#) [Less...](#) [Default](#)

Status

☐ After Hours Report ☐ Law Enforcement Notified ☐ Worker Safety Concerns?

Primary Language: English ☐ Interpreter Needed?

☐ Is this Access Report a death, serious injury, or egregious incident? ([See Related Numbered Memo](#)) ?

☐ Serious Incident Notification generated?

Action

Serious Incident Notification

Text

CPS Report

ICW Cover Letter

Reporter Narrative

Mandated/Relative Reporter Notice

Prior County Involvement

Response Priority Tree

Notice to Tribal Agent

Options: [Go](#) [Save](#) [Close](#)

Done Trusted sites | Protected Mode: Off 100%

30. When you select Save, the Create Worker Assignment page appears. The page is set up to default to your supervisor. If you wish to choose another supervisor, select the associated [Select](#) hyperlink next to that supervisor's name. Click Assign to send the Access Report to the selected supervisor.

Create Worker Assignment - Windows Internet Explorer

eWiSACWIS Print Spell Check Help

Sort By: ☒ Name ☐ Position Title

Workers

Select		Abby, Alice N	Administrative Assistant
Select		Abby, Amy	CHIPS/Del Social Worker
Select		Anderson, Samuel	Director
Select		Banana, Brendt	Ongoing Site Supervisor

View By

- ☐ County/State
- ☐ Employing Entity
- ☒ My County
- ☐ Site/Office
- ☐ Workers for Supervisor

Current Worker
Daisy, Dan

Current Worker Status

- ☒ Close
- ☐ Do Not Close

Assignment Definition and Details

Category: Access For: Jones, Sally Participant: Start Date: 06/13/2013

☐ Emergency Protective Services Report

Worker Name	Type	Responsibility	Role	
Cake, Caitlin M.	Access Report	N/A	Supervisor	Delete

Assign Close

Done Trusted sites Protected Mode: Off 100%

31. When the supervisor selects the [Create / Link Case](#) hyperlink, the system will search all cases that the participants have been involved in and present those as an option to link the new report to. If there is an existing case that the new report should be linked to, select the case and click the Link button. If no cases are returned or if the returned cases are not correct, the supervisor would select the Create button to create a new case.



32. Once the report is linked or a new case is created, the Maintain Case page is opened, and any updates or required fields should be completed at this time.

Maintain Case - ID: 9222753 - Windows Internet Explorer

eWiSACWIS Print Spell Check Help

Case: 9222753

Name: Jones, Sally Case Type: CPS Family - Initial Assessment Status: Open 02/06/2012

County: Milwaukee Site/Region: BMCW-Admin W-2 Region:

CARES Case #: County Case #: ☐ Restricted [Intensive In-Home Service ends 11/05/2013](#)

Participants Address Collaterals Closing/Merge History

Active Participants

Name	Person Type	Rsp	Hshld	DOB	Gndr	Relationship	Legal	Prg
Jones, Dirk (9226083)	None	<input checked="" type="checkbox"/>	Y	08/09/1975	M	Present Spouse	N/A	N
Jones, Mary (9226085)	CPS, CW	<input checked="" type="checkbox"/>	Y	02/25/2002	F	Biological Child	N/A	N
Jones, Robert (9226176)	CW, VKC	<input type="checkbox"/>	Y	10/03/2012	M	Biological Child	N/A	N
Jones, Sally (9226086)	None	<input type="checkbox"/>	U	04/11/1979	F	Reference Person	N/A	N
Jones, Tammy (9226174)	CW	<input type="checkbox"/>	Y	10/02/2011	F	Biological Child	N/A	N
Jones, Tommy (9226084)	CW	<input checked="" type="checkbox"/>	Y	06/02/2006	M	Biological Child	N/A	N

Number of Household Members: 5 Insert

Inactive Participants

Options: Go Save Close

Done Trusted sites | Protected Mode: Off 100%

33. Once the case information is updated as needed, click Save. A message will appear, asking the supervisor if he or she would like to make an assignment to this case. Select 'Yes' to create an assignment to a worker (or multiple workers), select 'No' to leave the case only assigned to the supervisor. Please see the Assignment Quick Reference Guide for more information.

eWiSACWIS -- Webpage Dialog

Would you like to create an assignment for this case?

Yes No

Creating the 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Once DSP has identified that an incident qualifies as a serious incident, eWiSACWIS automatically generates a 90-Day Summary Report Serious Incident tickler on the Primary worker's desktop. The tickler due date is 60 days from the date DSP indicates 'Yes' under the Serious Incident Verification expando on the Serious Incident Notification screen.

1. To launch the 90-Day Summary Report, open the associated Serious Incident Notification under the case (either from Access Reports or Assessment). On the Serious Incident Notification page, select 90-Day Summary Report from the Options drop-down and click Go. This opens the Notices History page.

The screenshot shows the 'Serious Incident Notification -- Webpage Dialog' window in eWiSACWIS. The form is titled 'Serious Incident Notification' and includes a header with 'eWiSACWIS', 'Print', 'Spell Check', and 'Help' buttons. The main form area contains several sections:

- Information:** Includes fields for 'Name - County or State Agency' (Milwaukee), 'Name - Agency Contact Person' (Sarah Smith), 'Title' (Case Worker), 'Phone' ((555)555-5555), 'Ext' (empty), 'Case Name (Last, First, MI)' (Jones, Sally), 'Case ID' (9222753), 'Date of Incident' (02/01/2012), and 'Number of Children Involved in This Incident' (1). It also has checkboxes for 'Death / Alleged Maltreatment' (checked), 'Death / Alleged Suicide', 'Serious Injury', and 'Egregious Incident'. A question 'For "Serious Injury," did a physician confirm the child's condition as serious or critical?' has 'Yes' selected.
- Child Information:** A table with columns: Name, Gender, DOB, Age, Race, Death Date. The row shows: Jones, Mary, Female, 02/25/2002, 11, White, 02/01/2012.
- Check one to describe current case status at the time of the incident:** Includes checkboxes for 'Open CPS case - child in OHC placement' (unchecked) and 'Open CPS case - receiving in-home services' (checked). A field for 'Type of out-of-home-care placement:' is empty.
- Options:** A dropdown menu with 'Action' and '90-Day Summary Report' options. A 'Go' button is next to it.
- Buttons:** 'Save' and 'Close' buttons at the bottom right.

2. On the Notices History page, click the 'Insert' button to create a new report. Click the [Edit](#) hyperlink to launch the template.

Notices History -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help

Case: Jones, Sally
Document: 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

History

Document Created By :	Date Created	Sent		
Daisy, Dan	06/13/2013	<input type="checkbox"/>	Edit	Delete

[Insert](#)

[Save](#) [Close](#)

3. Enter the required information and click Close and Return to eWiSACWIS.

90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

Reports submitted to the Division of Safety and Permanence (DSP) that do not include all of the required information will be returned to the agency for proper completion. Do not identify individuals by name when completing this report. Individuals may be referenced by relationship or position; e.g., mother, father, child, sibling, physician, detective, etc.

Case Tracking Number: 4 Agency: Milwaukee

Child Information (at time of incident)
Age: 11 Gender: ☒ Female ☐ Male
Race or Ethnicity: White, Italian
Special Needs:

Date of Incident: 06/03/2013

Description of the incident, including the suspected cause of death, injury or egregious abuse or neglect:
describe the alleged maltreatment...

Findings by agency, including maltreatment determination and material circumstances leading to incident:

☐ Yes ☐ No Criminal investigation pending or completed?
☐ Yes ☐ No Criminal charges filed? If yes, against whom?

Child's residence at the time of incident: ☐ In-home ☐ Out-of-home care placement

Complete the appropriate following section (A. or B. based on the child's residence at the time of the incident).

A. Children residing at home at the time of the incident:

Description of the child's family (includes household members, noncustodial parent and other children that have visitation with the child and / or in the child's family home):

☐ Yes ☐ No **Statement of Services:** Were services under ch. 48 or ch. 938 being provided to the child, any member of the child's family or alleged maltreater at the time of the incident, including any referrals received by the agency or reports being investigated at time of incident?

If "Yes", briefly describe the type of services, date(s) of last contact between agency and recipient(s) of those services, and the person(s) receiving those services:

Summary of all involvement in services as adults under ch. 48 or ch. 938 by child's parents or alleged maltreater in the previous

4. On the Notices History page, click Save. The Sent checkbox will now be selectable. If you are ready to send the report, click the Sent checkbox.

Case: Jones, Sally
Document: 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

History

Document Created By :	Date Created	Sent	
Daisy, Dan	06/13/2013	<input type="checkbox"/>	Edit

You will then receive the following message. Click Yes if you want to finalize and send the report.

eWiSACWIS -- Webpage Dialog

Selecting the Sent checkbox will finalize the notification. Do you want to continue?

5. The checkbox is now frozen. When the report is finalized, an e-mail is sent to DSP to notify them that a report has been submitted.

Notices History -- Webpage Dialog

eWiSACWIS TM Print Spell Check Help

Case: Jones, Sally
Document: 90-Day Summary Report for Child Death, Serious Injury or Egregious Incident

History

Document Created By :	Date Created	Sent		
Daisy, Dan	06/13/2013	<input checked="" type="checkbox"/>	View	

Insert

Save Close